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FOR OFFICE USE ONLY CITY CLERK'S OFFICE

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Vasilion, Basil K

MAILING ADDRESS:

1000 South Pointe Drive

Miami Beach Fla 33139 Dade

CITY: ZIP: COUNTY:

NAME OF AGENCY:

Commissioner Group VI

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

ID Code

ID No.

Conf. Code

P. Req. Code

CHECK IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

PDF 2002

THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2002 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Vasilion's Co, Inc	230 Park Ave, NYC NY 10669	NASD Broker Dealer
Tampabay, LLC	% Vasilion, 1000 S. Pointe Dr, MB, Fla 33139	investment in shopping Mall in Key West, Fla

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

Key Place, Key West Fla.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E — LIABILITIES [Major debts]

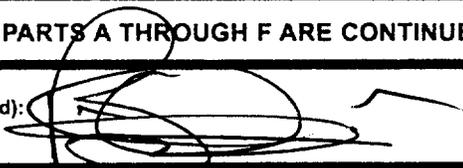
NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):



DATE SIGNED (required):

3 Sept 2003

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

DATE: 9/3/03

CITIBANK® EZ CHECKING



ACCOUNT TITLE: BASIL K. VASILIOU, campaign acct

Check appropriate box: Individual Estate Trust Other

Address: 1000 south pt dr Apt 3602 MIAMI BEACH, FL 33139

NUMBER(S): CHK 3108214203 ✓

SIGNER	TAX ID NUMBER	ISSUE/LINK TO CITIBANK® BANKING CARD
1 BASIL K. VASILIOU	139-38-8137	YES

Citibank is allowed by law to share with its affiliates any information about its transactions or experiences with you. Unless permitted by law, Citibank will not share among its affiliates other information about you that Citibank gets at any time from you or third parties (for example, credit bureaus), if you check: Signer 1. Check to remove your name from our lists used for promotional offers made:

by phone ✓ Signer 1 or by mail Signer 1

By signing below, I: (1) certify my tax status; (2) accept the terms described on the reverse side; (3) agree to be bound by any agreement governing the account I opened in the title indicated on this card and (4) understand and acknowledge that such account agreement provides that either Citibank or I can require that any disputes between us concerning the Citibank account I have opened or concerning my other Citibank deposit, Checking Plus or Ready Credit accounts will be resolved by binding arbitration.

TAX CERTIFICATION

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Certification instruction: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

If you are exempt from backup withholding, write "Exempt" on this line: _____ and sign and date below.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature Signer 1 Date

DATE: 9/3/03

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by phone ✓ Signer 1 or by mail Signer 1

By signing below, I: (1) certify my tax status; (2) accept the terms described on the reverse side; (3) agree to be bound by any agreement governing the account I opened in the title indicated on this card and (4) understand and acknowledge that such account agreement provides that either Citibank or I can require that any disputes between us concerning the Citibank account I have opened or concerning my other Citibank deposit, Checking Plus or Ready Credit accounts will be resolved by binding arbitration.

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